

NOV 17 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County GreeneRegistration District No. 3171Township RepublicPrimary Registration District No. 4192City Republic (No. _____)File No. 37642

Registered No. _____

St. _____ Ward _____

2. FULL NAME Mrs. Nellie E. Kitchen

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED

(OR) WIFE OF

James P. Kitchen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 2, 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

70312

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Maine

13. NAME

Chas. Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Prince Edward Island

15. MAIDEN NAME

Jennie Kaler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown

17. INFORMANT (ADDRESS)

Erma Lawrence Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE EvergreenDATE Oct. 17 1937

19. UNDERTAKER (ADDRESS)

H. E. Shyman & Co. Republic, Mo.

20. FILED

Oct. 17, 1937 Mrs. Bertha Nance Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 193722. I HEREBY CERTIFY, That I attended deceased from April 1 1937, to Oct 14 1937I last saw him alive on Oct 14 1937. Death is saidto have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

InfluenzaOct 11

Other contributory causes of importance:

asthma of 15 or 20 years standingName of operation none

Date of _____

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

She died in her own home

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) E. L. Beal M. D.(Address) Republic Mo.

